

NATIONAL SCIENCE FOUNDATION  
4201 WILSON BOULEVARD  
ARLINGTON, VA 22230

**HOST INSTITUTIONAL ALLOWANCE REQUEST**

The National Science Foundation, upon request, will provide an Institutional Allowance to the host fellowship institution on behalf of the Fellow named below. This allowance is provided in lieu of tuition costs and/or fees normally chargeable to the Fellow, and to assist the institution in meeting costs of providing the Fellow with space, supplies, equipment, and services.

All Institutional Allowance payments are processed by the Electronic Funds Transfer (EFT) procedure.

*Please complete and return this form immediately to the supporting program office at the NSF, 4201 Wilson Boulevard, Arlington, VA 22230 (whether or not an Institutional Allowance is requested).*

Program Office \_\_\_\_\_ Room Numdgt \_\_\_\_\_  
Program Contact \_\_\_\_\_ Fax Numdgt \_\_\_\_\_

*Questions regarding payment of this allowance should be directed to the cognizant NSF Program Officer.*

	FOR NSF PROGRAM USE
NAME OF FELLOW	GRANT NUMBER
FELLOWSHIP TYPE	APPROVED AMOUNT
HOST INSTITUTION	APPROVED BY
DEPARTMENT	DATE

**REQUEST CONFIRMATION**

*This section should be completed by an appropriate official of the fellowship's institution.*

- I request the payment of an Institution Allowance in the amount of \$ \_\_\_\_\_
- I do not request payment of an Institutional Allowance.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Title Email address

*Please provide a contact whom we may phone regarding EFT information, if necessary.*

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Please provide address where notification of payment should be sent.  
This portion will be returned upon payment processing.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR NSF FINANCE OFFICE USE
Payment processed on
Amount Paid by NSF
Account Number
ABA Number
Fellow's Name
Department